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APPLICANTS

JOHN H. KENTEN, GAITHERSBURG, MD;

RODGER SMITH, JEFFERSON, MD;

**** CONTINUING DATA *******

This application is a CON of 08/474,927 06/07/1995 PAT 6,048,687
 which is a CON of 08/124,686 09/22/1993 ABN

**** FOREIGN APPLICATIONS *******

None I am

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** SMALL ENTITY ****

** 02/14/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	DRAWING 7	CLAIMS 20	CLAIMS 3
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature _____ Initials _____				

ADDRESS

22852
 FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER
 LLP
 901 NEW YORK AVENUE, NW
 WASHINGTON , DC
 20001-4413

TITLE

CYCLING DNA/RNA AMPLIFICATION ELECTROCHEMILUMINESCENT PROBE ASSAY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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